

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbying Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 3401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 8/11/98

15000
1301889

98 AUG 13

ALL: 42

JH 1240
\$10.00
NOMIETHICS
CLERK
JULY 1998

1. NAME Mc Anally Molly O.
Last First MI
2. BUSINESS PHONE (714) 694-1141 (home) Apt F
3. BUSINESS ADDRESS 5340 Silver Canyon Rd. Yorba Linda, CA 92887
Street and No. City State Zip
4. EMPLOYER "Retired"
5. EMPLOYER'S ADDRESS FORMER Williams
P.O. Box 1396 Houston, TX 77251
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Williams
- Address 2800 Post Oak Blvd, Level 13 Houston, TX 77056
- Business or purpose Energy, Pipeline, Telecom

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of 8/1/98

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of California
County of Orange
Parish of _____

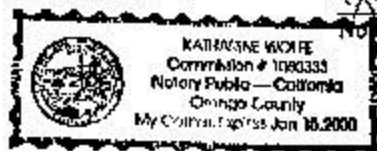
Before me, the undersigned authority, personally came and appeared Molly O. McAnally, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

STATE OF CALIFORNIA
COUNTY OF ORANGE

Molly O. McAnally 8/11/98
Signature of Lobbyist

Sworn to and subscribed before me on this 11th day of AUGUST, 19 98.

Rev. 8/97



Katherine Wolfe
Notary Public